

5 a-side 7 a-side 11 a-side  
Circle one

Delegation: \_\_\_\_\_

## Special Olympics Pennsylvania Soccer Rating Team Summary Form

Head Coach: \_\_\_\_\_

Team Name: \_\_\_\_\_

ID # \_\_\_\_\_  
(Ex. 01)

Phone Number: \_\_\_\_\_

Team Color: \_\_\_\_\_

\_\_\_\_\_ This team is interested in attending Fall Festival

**5 a-side may roster a maximum of 8 players, 7 aside 12 players and 11 a-side 15 players.**

**TOTAL Team Rating:** \_\_\_\_\_

(Add all TOTAL scores and divide by number of players)

**Top 5 Players:** \_\_\_\_\_

(5 a-side Add top 5 TOTAL scores and divide by 5)  
(7 a-side Add top 7 TOTAL scores and divide by 7)  
(11 a-side Add top 11 TOTAL scores and divide by 11)

**Bottom 5 Players:** \_\_\_\_\_

(5 a-side Add bottom 5 TOTAL scores and divide by 5)  
(7 a-side Add bottom 7 TOTAL scores and divide by 7)  
(11 a-side Add bottom 11 TOTAL scores and divide by 11)  
\* Note: If roster is less than 8 or 15 players, please still include the bottom 5 or 11 players

### Summary of Team Assessment

*Please list players in order from highest to lowest rating. Remember - Individual Skills Athletes may not be listed on your Team Roster.*

Name	Athlete / Partner	Ball Skills	Passing	Movement	Game Awareness	Shooting	Defense	Goalkeeping	TOTAL
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
<b>Alternates:</b>									
1									
2									
3									

**Submit this form with your Entry Information for Fall Sectional**